

# FCC Form 499-Q Telecommunications Reporting Worksheet

Quarterly Filing for Universal Service Contributors

> Please read instructions before completing <

Approval by OMB  
3060-0855

<b>Block 1: Contributor Identification Information</b>	101	Filer 499 ID	823502
102 Legal name of reporting entity	Home Town Telephone, LLC		
103 Filer's IRS employer identification number	11-3698769		
104 Name telecommunications provider is doing business as	Home Town, LLC		
105 Affiliated Filers Name/Holding Company Name <small>[All affiliated companies should show same name here. In most cases, the Affiliated Filers Name will be the holding company name.]</small>	Check if filer has no affiliates: <input checked="" type="checkbox"/>		
105.1 Affiliated Filers Name/Holding Company Name IRS employer identification number			
106 Filer's FCC Registration Number (FRN)	0009-7002-79		
107 Complete mailing address of reporting entity's corporate headquarters	1100 163rd Dr NW Suite A , Miami FL 33169 United States		

## Block 2: Contact Information

108 Person who completed this worksheet	First Minor	MI	Last Oquendo
109 Telephone number of this person	( 305 ) - 614-0047 ext		
110 Fax number of this person	( 305 ) - 614-0049		
111 Email of this person	foquendo@hometowntelephone.net		
112 Billing address and billing contact person: [Bills for Universal Service contributions will be sent to this address.]	Minor 1100 163rd Dr NW Miami foquendo@hometowntelephone	Oquendo Suite A FL 33169 305 614-0047	United States 305 614-0049

## Block 3: Contributor Historical and Projected Revenue Information

113 Indicate which quarterly filing this represents	<u>Filing due</u>	<u>Historical revenues (lines 115-118) for</u>	<u>Projected revenues (lines 119-120) for</u>
<input type="checkbox"/> November 1, 2016	July 1 - September 30, 2016	January 1 - March 31, 2017	
<input type="checkbox"/> February 1, 2017	October 1 - December 31, 2016	April 1 - June 30, 2017	
<input checked="" type="checkbox"/> May 1, 2017	January 1 - March 31, 2017	July 1 - September 30, 2017	
<input type="checkbox"/> August 1, 2017	April 1 - June 30, 2017	October 1 - December 31, 2017	
114 Check if using safe harbor to allocate interstate/intrastate revenues for each of the following (as applicable): Cellular & broadband PCS: <input type="checkbox"/> Paging: <input type="checkbox"/> Analog SMR: <input type="checkbox"/> Interconnected VoIP: <input type="checkbox"/>			
Historical billed revenues with no allowance or deductions for uncollectibles. See Instructions.	Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115 Telecommunications provided to other universal service contributors for resale as telecommunications or as or as interconnected VoIP.	\$0.00	\$0.00	\$0.00
116 End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	\$38,892.36	\$36,755.43	\$2,136.93
117 All other goods and services	\$0.00	Column (b) and (c) not requested	
118 Gross-billed revenues from all sources [sum of above]	\$38,892.36	for Lines 117 and 118	
119 Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$36,755.43	\$2,136.93
120 Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$36,755.43	\$2,136.93

## Block 4: CERTIFICATION: to be signed by an officer of the reporting entity

121 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.	<input checked="" type="checkbox"/>
I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.	
122 Signature	
123 Printed name of officer	First Anthony MI Last Petrone
124 Position with reporting entity	CEO/Manager
125 Email of officer (Required if available)	tony@htfl.com
126 Date	7/31/2017
127 This filing is:	<input type="checkbox"/> Original filing <input checked="" type="checkbox"/> Revised filing [revisions due within 45 days of original filing deadline]

Do not mail checks with this form. File this form online: <http://www.usac.org/about/tools/e-file.aspx> For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888)641-8722 or via email: [Form499@usac.org](mailto:Form499@usac.org)

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

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FCC Form 499-Q/January 2017